

<b>2001 Kansas Diabetes Survey</b>
------------------------------------

**Table of Contents**

Introduction / Respondent Selection.....	2
Section 1: Diabetes Verification .....	4
Section 2: Language Proficiency.....	5
Section 3: Health Status.....	6
Section 4: Health Care Access.....	7
Section 5: Health Care Satisfaction .....	10
Section 6: Physician Characteristics .....	11
Section 7: Diabetes Care and Self-Management .....	13
Section 8: Oral Health .....	17
Section 9: Hypertension Awareness .....	18
Section 10: Cholesterol Awareness.....	19
Section 11: Tobacco Use.....	20
Section 12: Demographics .....	21
Section 13: Exercise / Physical Activity .....	24
Section 14: Fruits and Vegetables .....	26
Section 15: Quality of Life and Disability.....	27
Section 16: Immunization .....	28
Section 17: Complications .....	29
Section 18: Absenteeism .....	30
Section 19: Diabetes Education.....	31
Section 20: Center for Health & Wellness .....	32

HELLO, I'm \_\_\_\_\_ (name) \_\_\_\_\_ calling for the Diabetes Control Program at the Kansas Department of Health and Environment. We're conducting a special study about diabetes in Sedgwick County in an effort to improve health and services for people with diabetes. Your phone number has been chosen randomly, and I'd like to ask you just a few questions to see if someone in your household qualifies for our study.

Is this \_\_\_\_\_ (phone number) \_\_\_\_\_ ?      **If "no"**      Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence?      **If "no"**      Thank you very much, but we are only conducting our survey among private households. **Stop**

Is this residence located in Sedgwick County?      **If "no"**      Thank you very much, but we are only conducting our survey among residents of Sedgwick County. It's possible that your number may be called at a later time for a different survey. **Stop**

Including yourself, how many adults aged 18 years of age or older in your household have diabetes?

\_\_\_\_\_ Number of adults with diabetes

**If "none"**      Thank you very much for your time, but we are only interviewing adults with diabetes. It's possible that your number may be called at a later time for a different survey. Have a good day/evening. **Stop**

**If # of adults with diabetes  $\geq$  1, proceed**

**If # of adults with diabetes is "1"**      Are you the adult with diabetes?

**If "yes"** Then you are the person I need to speak with. **Enter 1 man or 1 woman below (Ask gender if necessary). Go to last introduction paragraph.**

**If "no"** Is the adult with diabetes a man or a woman? **Enter 1 man or 1 woman below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

**If # of adults with diabetes >1**

How many of these adults with diabetes are men and how many are women?

\_\_\_\_\_ Number of men

\_\_\_\_\_ Number of women

The person in your household that I need to speak with is [randomly selected adult with diabetes]. Is he/she available? **[If selected respondent is person who answered phone, skip the next paragraph.]**

**To correct respondent** HELLO, I'm (name) calling for the Diabetes Control Program at the Kansas Department of Health and Environment. We're conducting a special study of diabetes in Sedgwick County, and a member of your household told us that you have diabetes.

**[If more than one adult in household with diabetes read:]** You have been chosen randomly to be interviewed.

Let me assure you that we won't be trying to sell anything.

The information we collect will be used to improve health and services for persons with diabetes. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

**Section 1: Diabetes Verification**

1. Before we begin, I just need to verify some information. Have you ever been told by a doctor that you have diabetes?

(If yes and female, ask "Was this only when you were pregnant?")

- 1 Yes
- 2 Yes, but female told during pregnancy only **Go to closing for non-qualified**
- 3 No **Go to closing for non-qualified**
- 7 Don't know / not sure **Go to closing for non-qualified**
- 9 Refused **Go to closing for non-qualified**

2. How old were you when you were told you have diabetes?

- Code age in years [97 = 97 or older]
- 9 8 Don't know / not sure
- 9 9 Refused

**Section 2: Language Proficiency**

3. Do you have any trouble understanding or speaking English?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**Section 3: Health Status**

4. Would you say that in general your health is excellent, very good, good, fair, or poor?

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor
- 7      Don't know / not sure
- 9      Refused

5. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- Number of days
- 8 8      None
- 7 7      Don't know / not sure
- 9 9      Refused

6. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- Number of days
- 8 8      None
- 7 7      Don't know / not sure
- 9 9      Refused

**Section 4: Health Care Access**

7. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes
- 2 No **Go to Q9**
- 7 Don't know / not sure **Go to Q9**
- 9 Refused **Go to Q9**

8. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

9. Overall, how difficult is it for you to get medical care when you need it?

**Please read 1-5:**

- 1 Extremely difficult
- 2 Moderately difficult
- 3 Somewhat difficult
- 4 Not very difficult
- 5 No problem at all
- 7 Don't know / not sure
- 9 Refused

10. Do you have one person you think of as your personal doctor or health care provider?  
(If "no" ask "Is there more than one, or is there no person who you think of?")

- 1 Yes, only one
- 2 More than one
- 3 No **Go to Q15**
- 7 Don't know / not sure **Go to Q15**
- 9 Refused **Go to Q15**

11. How much of a problem has it been for you to find a personal doctor that you are happy with?

**Please read 1-3:**

- 1 A big problem
- 2 A small problem
- 3 Not a problem
- 7 Don't know / not sure
- 9 Refused

12. How difficult is it for you to get an appointment to see your ["doctor" if only one doctor, or "doctors" if more than one doctor from Q10]?

**Please read 1-4:**

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not too difficult
- 4 Not at all difficult
- 7 Don't know / not sure
- 9 Refused

13. How difficult would it be for you to contact a doctor or nurse over the telephone about a health problem during regular office hours?

**Please read 1-4:**

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not too difficult
- 4 No at all difficult
- 7 Don't know / not sure
- 9 Refused

14. How difficult would it be for you to contact a doctor or nurse over the telephone about a health problem during the night or on the weekend?

**Please read 1-4:**

- 1 Very difficult
- 2 Somewhat difficult
- 3 Not too difficult
- 4 No at all difficult
- 7 Don't know / not sure
- 9 Refused

15. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused



16. Are you able to see the same doctor or health professional every time or nearly every time you go for a diabetes check-up?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

17. Have you talked to a dietician (diet specialist) or nutritionist about your diabetes during the past 5 years?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**Section 5: Health Care Satisfaction**

18. In the last 12 months, how often did doctors or other health providers listen carefully to you? Would you say: never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know / not sure
- 9 Refused

19. In the last 12 months, how often did doctors or other health providers explain things in a way you could understand? Would you say: never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know / not sure
- 9 Refused

20. In the last 12 months, how often did doctors or other health providers show respect for what you had to say? Would you say: never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know / not sure
- 9 Refused

21. In the last 12 months, how often did doctors or other health providers spend enough time with you? Would you say: never, sometimes, usually, or always?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 7 Don't know / not sure
- 9 Refused

**Section 6: Physician Characteristics**

**If Q10 = 3,7, or 9 (no personal doctor or health care provider) go to next section (Q28)**

22. The next few questions are about the physician who provides most of your medical care for your diabetes.  
What is the medical specialty of this doctor?

- 01 General
- 02 Family
- 03 Internal medicine (adult's doctor)
- 04 Endocrinologist or diabetes specialist
- 05 Cardiologist
- 06 Nephrologist (kidney)
- 07 Ophthalmologist (eye)
- 08 Other (specify:\_\_\_\_\_)
- 77 Don't know / not sure
- 99 Refused

23. What is the sex of your doctor?

- 1 Male
- 2 Female
- 7 Don't know / not sure
- 9 Refused

24. About how old do you think your doctor is?

- 1 Younger than 30 years
- 2 30 to 39 years
- 3 40 to 49 years
- 4 50 to 59 years
- 5 60 to 69 years
- 6 70 years and older
- 7 Don't know / not sure
- 9 Refused

25. About how long has this doctor been caring for you?

- 1 Less than one year
- 2 1 year but less than 2 years
- 3 2 years but less than five years
- 4 5 or more years
- 7 Don't know / not sure
- 9 Refused

26. During the past two years, was there a time that you thought you needed to see a specialist but were unable to get a referral?

**If yes, probe for how many times**

- 1 Yes, once
- 2 Yes, more than once
- 3 No
- 7 Don't know / not sure
- 9 Refused

27. How would you rate your doctor's medical skill? Would you say excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

**Section 7: Diabetes Care and Self-Management**

28. Are you now taking insulin?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

29. Are you now taking diabetes pills?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

30. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never **Go to Q32**
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

31. How often does your doctor ask to see a record of what your blood sugars are at home? Would you say: always, usually, sometimes, or never?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Never
- 7 Don't know / not sure
- 9 Refused

32. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

33. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- Number of times
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

34. Do you receive a reminder from your doctor's office, either by phone or by mail, when you are due for an appointment for your diabetes?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

35. Other than returning your phone calls, has anyone from your doctor's office or your health insurance company called you to talk about your diabetes?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

36. Have you ever heard of glycosylated hemoglobin (gli-KOS-ilated he-mo-glo-bin) or hemoglobin "A one C"?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**If "no feet" to Q32, go to Q39**

37. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- Number of times (76 = 76 or more)
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

38. When you go to your doctor for your diabetes, are you usually told to remove your socks and shoes before you see the doctor?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

39. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read Only if Necessary**

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

40. Who decides when you need your next diabetes check-up?

**Read only if necessary**

- 1 My doctor / health care provider schedules my appt.
- 2 I make an appointment when I think I need one
- 3 I don't make an appointment / I walk in
- 4 Doesn't go for diabetes check-ups
- 5 Other (specify:\_\_\_\_\_)

**Don't read the following responses**

- 7 Don't know / not sure
- 9 Refused

41. Is paying for your diabetes supplies a problem?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

42. Has the cost of supplies kept you from checking your blood sugars at home as often as you would like?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused



**Section 8: Oral Health**

43. How long has it been since you last visited a dentist or a dental clinic for any reason?

- 1 Within the past year (any time less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / not sure
- 8 Never
- 9 Refused

44. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

- 1 Yes, fillings, caps or crowns, or root canal
- 2 Yes, teeth pulled, dentures or partials
- 3 Yes, both
- 4 No
- 7 Don't know / not sure
- 9 Refused

**Section 9: Hypertension Awareness**

45. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**Section 10: Cholesterol Awareness**

46. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No **Go to Q49**
- 7 Don't know / not sure **Go to Q49**
- 9 Refused **Go to Q49**

47. About how long has it been since you last had your blood cholesterol checked?

**Read only if necessary**

- 1 Within the past year (any time less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / not sure
- 9 Refused

48. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**Section 11: Tobacco Use**

49. Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No **Go to Q53**
- 7 Don't know / not sure **Go to Q53**
- 9 Refused **Go to Q53**

50. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **Go to Q53**
- 9 Refused **Go to Q53**

51. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

52. Has a doctor or other health professional ever advised you to quit smoking?

**If yes, ask "About how long ago was it?"**

- 1 Yes, within the past 12 months (any time less than 12 months ago)
- 2 Yes within the past 3 years (1 year but less than 3 years ago)
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / not sure
- 9 Refused

**Section 12: Demographics**

53. What is your age?

- Code age in years
- 0 7 Don't know / not sure
- 0 9 Refused

54. Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

55. Which one or more of the following would you say is your race? Would you say: White, Black or African American, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or Other?

**Mark all that apply**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (specify:\_\_\_\_\_)
- 8 No additional choices
- 7 Don't know / not sure
- 9 Refused

**If more than one response to Q55, continue with Q56. Otherwise go to Q57.**

56. Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (specify:\_\_\_\_\_)
- 7 Don't know / not sure
- 9 Refused

57. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 Member of an unmarried couple
- 9 Refused

58. What is the highest grade or year of school you completed?

**Read only if necessary**

- 1 never attended school or only attended kindergarten
- 2 Grades 1 through 8 (elementary)
- 3 Grades 9 through 11 (some high school)
- 4 Grade 12 or GED (high school graduate)
- 5 College 1 year to 3 years (some college or technical school)
- 6 College 4 years or more (college graduate)
- 9 Refused

59. Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 Homemaker
- 6 Student
- 7 Retired
- 8 Unable to work
- 9 Refused

60. Is your annual household income from all sources:

**Read as appropriate**

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
  - 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

**Do not read the following responses**

- 7 7 Don't know/Not sure
- 9 9 Refused

61. About how much do you weigh without shoes?

**Round fractions up**

- Weight in pounds
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

62. About how tall are you without shoes?

**Round fractions down**  
\_ / \_ \_ Height in feet and inches  
7 7 7 Don't know / not sure  
9 9 9 Refused

63. What is your zip code?

\_ \_ \_ \_ Enter zip code  
7 7 7 7 Don't know / not sure  
9 9 9 9 Refused

64. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine?

1 Yes  
2 No **Go to Q66**  
7 Don't know / not sure **Go to Q66**  
9 Refused **Go to Q66**

65. How many of these are residential numbers?

\_ Residential telephone numbers [**6 = 6 or more**]  
7 Don't know / not sure  
9 Refused

66. Indicate sex of respondent. **Ask only if necessary**

1 Male  
2 Female

**Section 13: Exercise / Physical Activity**

67. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**If "employed" or "self-employed" to Q59, continue with Q68 Otherwise go to Q69**

68. When you are at work, which of the following best describes what you do? Would you say: mostly sitting or standing, mostly walking, or mostly heavy labor or physically demanding work?

**If respondent has multiple jobs, include all jobs**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work
- 7 Don't know / not sure
- 9 Refused

**If no exercise in past 30 days (67≥2), go to Q75**

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

69. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to Q59]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

- 1 Yes
- 2 No **Go to Q72**
- 7 Don't know / not sure **Go to Q72**
- 9 Refused **Go to Q72**

70. How many days per week do you do these moderate activities for at least 10 minutes at a time?

- Days per week
- 8 8 Does not exercise 10 minutes weekly **Go to Q72**
- 7 7 Don't know / not sure
- 9 9 Refused

71. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- \_ : \_ Hours and minutes per day
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused



72. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to Q59]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No **Go to Q75**
- 7 Don't know / not sure **Go to Q75**
- 9 Refused **Go to Q75**

73. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- Days per week
- 8 8 Does not exercise 10 minutes weekly **Go to Q75**
- 7 7 Don't know / not sure
- 9 9 Refused

74. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- : -- Hours and minutes per day
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

75. Has a doctor or other health professional ever talked with you about physical activity or exercise?

**If yes, ask "About how long ago was it?"**

- 1 Yes, within the past 12 months (any time less than 12 months ago)
- 2 Yes within the past 3 years (1 year but less than 3 years ago)
- 3 Yes, 3 or more years ago
- 4 No
- 7 Don't know / not sure
- 9 Refused

**Section 14: Fruits and Vegetables**

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

76. How often do you eat fruit or drink fruit juice such as orange, grapefruit, or tomato?

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

77. How often do you eat green salad?

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

78. Not counting green salad, french fries, fried potatoes, or potato chips, how many servings of vegetables do you usually eat?

**Example: a serving of vegetables at both lunch and dinner would be two servings.**

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 5 5 5 Never
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

**Section 15: Quality of Life and Disability**

The following questions are about health problems or impairments you may have.

79. Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

80. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

81. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

82. During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY?

- Number of days
- 8 8 None
- 7 7 Don't know / not sure
- 9 9 Refused

**Section 16: Immunization**

83. During the past 12 months, have you had a flu shot?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

84. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**Section 17: Complications**

85. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

**If "no feet" to Q32, go to Q87**

86. Have you had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

87. Were you hospitalized during the past two years?

- 1 Yes
- 2 No **Go to Q89**
- 7 Don't know / not sure **Go to Q89**
- 9 Refused **Go to Q89**

88. What was the reason for your most recent hospitalization?

- 01 Heart disease
- 02 Stroke
- 03 Diabetes
- 04 Infection
- 05 Amputation
- 06 Kidney problems
- 07 Eye problems
- 08 Numbness, tingling, or pain in legs or feet
- 09 High blood pressure
- 10 Low blood sugar
- 11 Ketoacidosis (DKA) or diabetic coma
- 12 Other (specify:\_\_\_\_\_)
- 77 Don't know / not sure
- 99 Refused

**Section 18: Absenteeism**

**If “employed” or “self-employed” to Q59, continue with Q89. Otherwise go to Q92.**

89. Excluding vacation days or other planned days off, Dduring the past 12 months, how many days have you missed work for any other reason?

- — — Number of days
- 8 8 8 None **Go to Q92**
- 7 7 7 Don’t know / not sure **Go to Q92**
- 9 9 9 Refused **Go to Q92**

90. How many of these days you missed work during the past 12 months were due to a physical illness?

- — — Number of days
- 8 8 8 None
- 7 7 7 Don’t know / not sure
- 9 9 9 Refused

91. How many of these days you missed work during the past 12 months were due to an emotional or mental health problem?

- — — Number of days
- 8 8 8 None
- 7 7 7 Don’t know / not sure
- 9 9 9 Refused

**Section 19: Diabetes Education**

92. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

If zip code = 67214, continue with Q93. Otherwise, go to closing statement.

**Section 20: Center for Health and Wellness**

93. Have you ever heard of The Center for Health and Wellness in Wichita?

- 1 Yes
- 2 No **Go to closing statement**
- 7 Don't know / not sure **Go to closing statement**
- 9 Refused **Go to closing statement**

94. Next, I'm going to read a list of services. Please tell me whether or not you have heard of these services being available through The Center for Health and Wellness.

a. Personal health care?

- 1 Yes, have heard of these services through the Center
- 2 No, have not heard of these services through the Center
- 7 Don't know / not sure
- 9 Refused

b. Health education or classes?

- 1 Yes, have heard of these services through the Center
- 2 No, have not heard of these services through the Center
- 7 Don't know / not sure
- 9 Refused

c. Home visits?

- 1 Yes, have heard of these services through the Center
- 2 No, have not heard of these services through the Center
- 7 Don't know / not sure
- 9 Refused

d. Health fairs or screenings, such as blood pressure, cholesterol, or blood sugar testing?

- 1 Yes, have heard of these services through the Center
- 2 No, have not heard of these services through the Center
- 7 Don't know / not sure
- 9 Refused

95. When was the last time you saw a health care provider at the Center for Health and Wellness?

- 1 Within the past three months
- 2 Within the past six months (more than three months to six months)
- 3 Within the past year (more than six months to one year)
- 4 Within the past two years (more than one year to two years)
- 5 More than two years ago
- 6 Never
- 7 Don't know / not sure
- 9 Refused



96. When was the last time you attended a health education class or meeting at the Center for Health and Wellness?

- 1 Within the past three months
- 2 Within the past six months (more than three months to six months)
- 3 Within the past year (more than six months to one year)
- 4 Within the past two years (more than one year to two years)
- 5 More than two years ago
- 6 Never **Go to Q98**
- 7 Don't know / not sure **Go to Q98**
- 9 Refused **Go to Q98**

97. When was the last time you attended a class about diabetes at the Center for Health and Wellness?

- 1 Within the past three months
- 2 Within the past six months (more than three months to six months)
- 3 Within the past year (more than six months to one year)
- 4 Within the past two years (more than one year to two years)
- 5 More than two years ago
- 6 Never
- 7 Don't know / not sure
- 9 Refused

98. When was the last time you were visited in your home by an outreach worker or nurse from the Center for Health and Wellness?

- 1 Within the past three months (any time less than 3 months ago)
- 2 Within the past six months (3 months but less than 6 months ago)
- 3 Within the past year (6 months but less than one year ago)
- 4 Within the past two years (1 year but less than 2 years ago)
- 5 Two or more years ago
- 6 Never
- 7 Don't know / not sure
- 9 Refused

99. Is the Center for Health and Wellness your primary source of health care for your diabetes?

- 1 Yes
- 2 No **Go to closing statement**
- 7 Don't know / not sure **Go to closing statement**
- 9 Refused **Go to closing statement**

100. In general, how satisfied have you been with the care you have received from the Center for Health and Wellness? Would you say very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 Don't know / not sure
- 9 Refused

**Closing Statement**

That was my last question. Thank you very much for your time and cooperation. Everyone's answers will be combined to help improve health services for people with diabetes.